

Basic Health Plan Working Group

Katharine London

Robert Seifert

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Overview

1. Review work group's principles
2. Review policy issues and implications that have emerged from research and analysis

Work Group Principles

- Equity
 1. Do no harm
 2. Lower income individuals not required to subsidize higher income
- Access
 1. Access to services should be same as in general population
 2. Promote high quality, comprehensive care and continuity

Work Group Principles

- Sustainability
 1. Plan should be financially sound
 2. Should not require additional state funding
 3. Design features to reduce the risk of cost overruns
 4. Maximize federal revenue

POLICY ISSUES AND IMPLICATIONS

Federal guidance

- Details from CMS not yet available
 - Program structure
 - Financial interaction between state and feds.
- Creates uncertainty for state
- Other states are proceeding cautiously absent federal guidance
 - Massachusetts is an exception

Policy questions

1. Should the State proceed with development of a BHP?

Key considerations:

- Program design that is financially feasible for the State based on Milliman's analysis
- Effect on low-income individuals
- Effect on providers
- Effect on Exchange

Policy questions

2. When should the State decide whether to proceed with a BHP?

- Now?
- After carriers have filed rates with the Exchange and the second-lowest silver plan premium is known?
- After one full year of Exchange experience?

Policy questions

3. If the State decides to develop a BHP, should it also make changes in Medicaid eligibility rules, e.g. for HUSKY parents?

Policy questions

4. If the State decides *not* to develop a BHP at this time, should it provide any other support for the BHP-eligible population?
- Additional State subsidy through the Exchange?
 - Lower fees in the Exchange?
 - Additional navigation/care coordination through the Exchange?

Policy questions

5. Regardless of whether the State decides to develop a BHP, what does it need to monitor so that it can address any issues in a timely way?
- Health care coverage for BHP-eligible population
 - Health reform effect on providers
 - Exchange participation & financial status

Next steps